



# REISSUE APPLICATION DECLARATION BY THE INVENTOR

Docket Number (Optional)  
4765

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is described and claimed in patent number 5,717,204, granted February 10, 1998, and for which a reissue patent is sought on the invention entitled Inspecting Optical Masks With Electron Beam Microscopy

the specification of which

☐ is attached hereto.

☒ was filed on February 10, 2000 as reissue application number 09/ 502,534 and was amended on \_\_\_\_\_ (If applicable)

I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.

I verily believe the original patent to be wholly or partly inoperative or invalid, for the reasons described below. (Check all boxes that apply.)

☐ by reason of a defective specification or drawing.

☒ by reason of the patentee claiming more or less than he had the right to claim in the patent.

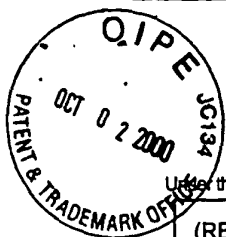
☒ by reason of other errors.

At least one error upon which reissue is based is described as follows:

**My intent to claim all disclosed embodiments of the invention was not carried out through the course of prosecution of unnecessarily restricted claims by my former attorney of record.**

*Signed by Brodie (#2)*

[Page 1 of 2]



(REISSUE APPLICATION DECLARATION BY THE INVENTOR, page 2)

Docket Number (Optional)  
**4765**

All errors corrected in this reissue application arose without any deceptive intention on the part of the applicant. As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith.

Name(s) Registration Number

Laura A. Majerus 33,417

Trinidad Arriola Kern 44,012

Correspondence Address: Direct all communications about the application to:

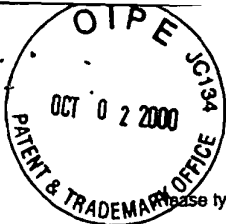
☐ Customer Number

OR

Type Customer Number here

Place Customer Number Bar  
Code Label here

<input checked="" type="checkbox"/> Firm or Individual Name	<b>Fenwick &amp; West LLP</b>				
Address	<b>Two Palo Alto Square</b>				
Address					
City	<b>Palo Alto</b>	State	<b>CA</b>	ZIP	<b>94306</b>
Country	<b>U.S.A.</b>				
Telephone	<b>(650) 494-0600</b>	Fax	<b>(650) 494-1417</b>		
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine and imprisonment, or both, under 18 U.S.C. 1001, and that such willful false statements may jeopardize the validity of the application, any patent issuing thereon, or any patent to which this declaration is directed.					
Full name of sole or first inventor (given name, family name) <b>Dan Meisburger</b>					
Inventor's signature					
Residence <b>1507 Montalban Drive</b> <b>San Jose, CA 95120-4830</b>			Date		
Post Office Address			Citizenship		
Full name of second joint inventor (given name, family name) <b>Alan D. Brodie</b>					
Inventor's signature <i>Alan D. Brodie</i>			Date <b>9/7/00</b>		
Residence <b>998 Van Auken Circle</b> <b>Palo Alto, CA 94303</b>			Citizenship <b>USA</b>		
Post Office Address					
Full name of third joint inventor (given name, family name) <b>Zhong-Wei Chen</b>					
Inventor's signature			Date		
Residence <b>1561 Blaney Avenue</b> <b>San Jose, CA 95129</b>			Citizenship		
Post Office Address					
<input checked="" type="checkbox"/> Additional joint inventors are named on separately numbered sheets attached hereto.					



Please type a plus sign (+) inside this box → ☐

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

PTO/SB/02A (3-97)  
Approved for use through 9/30/98. OMB 0651-0032  
Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE



<b>DECLARATION</b>	<b>ADDITIONAL INVENTOR(S)</b> <b>Supplemental Sheet</b> Page <u>1</u> of <u>4</u>
--------------------	---

<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])				Family Name or Surname			
Jack Y.				Jau			
Inventor's Signature						Date	
Residence: City	Los Altos Hills	State	CA	Country	U.S.A.	Citizenship	
Post Office Address	11020 Magdalena Road						
Post Office Address							
City	Los Altos Hills	State	CA	ZIP	94024	Country	U.S.A.
<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])				Family Name or Surname			
Paul				Sandland			
Inventor's Signature						Date	
Residence: City		State		Country		Citizenship	
Post Office Address							
Post Office Address							
City		State		ZIP		Country	
<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])				Family Name or Surname			
Richard				Simmons			
Inventor's Signature						Date	
Residence: City		State		Country		Citizenship	
Post Office Address							
Post Office Address							
City		State		ZIP		Country	

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.



Please type a plus sign (+) inside this box → ☐

PTO/SB/02A (3-97)  
Approved for use through 9/30/98. OMB 0651-0032  
Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE  
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

+

## DECLARATION

ADDITIONAL INVENTOR(S)  
Supplemental Sheet  
Page 2 of 4

Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])				Family Name or Surname			
Dave E. A.				Smith			
Inventor's Signature				Date			
Residence: City		State		Country		Citizenship	
Post Office Address							
Post Office Address							
City		State		ZIP		Country	
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])				Family Name or Surname			
Hans				Dohse			
Inventor's Signature				Date			
Residence: City		State		Country		Citizenship	
Post Office Address							
Post Office Address							
City		State		ZIP		Country	
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])				Family Name or Surname			
Dennis G.				Emge			
Inventor's Signature				Date			
Residence: City		State		Country		Citizenship	
Post Office Address							
Post Office Address							
City		State		ZIP		Country	

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

+

Please type a plus sign (+) inside this box → ☐

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

<b>DECLARATION</b>	<b>ADDITIONAL INVENTOR(S)</b> <b>Supplemental Sheet</b> Page <u>3</u> of <u>4</u>
--------------------	---

<b>Name of Additional Joint Inventor, if any:</b>				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle (if any))				Family Name or Surname			
John				Greene			
Inventor's Signature						Date	
Residence: City		State		Country		Citizenship	
Post Office Address							
Post Office Address							
City		State		ZIP		Country	
<b>Name of Additional Joint Inventor, if any:</b>				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle (if any))				Family Name or Surname			
Lee				Veneklasen			
Inventor's Signature						Date	
Residence: City		State		Country		Citizenship	
Post Office Address							
Post Office Address							
City		State		ZIP		Country	
<b>Name of Additional Joint Inventor, if any:</b>				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle (if any))				Family Name or Surname			
Ming-Yie				Ling			
Inventor's Signature						Date	
Residence: City	Saratoga	State	CA	Country	U.S.A.	Citizenship	U.S.A.
Post Office Address							
19584 Via Monte Drive							
Post Office Address							
City	Saratoga	State	CA	ZIP	95070	Country	U.S.A.

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Please type a plus sign (+) inside this box → ☐

PTO/SB/02A (3-97)  
Approved for use through 9/30/98. OMB 0651-0032  
Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE  
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

+

## DECLARATION

ADDITIONAL INVENTOR(S)  
Supplemental Sheet  
Page 4 of 4

Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle (if any))				Family Name or Surname			
Surendra G.				Lele			
Inventor's Signature						Date	
Residence: City	Cupertino	State	CA	Country	U.S.A.	Citizenship	U.S.A.
Post Office Address	21763 Ragnart Court						
Post Office Address							
City	Cupertino	State	CA	ZIP	95014	Country	U.S.A.
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle (if any))				Family Name or Surname			
Kirkwood				Rough			
Inventor's Signature						Date	
Residence: City		State		Country		Citizenship	
Post Office Address							
Post Office Address							
City		State		ZIP		Country	
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle (if any))				Family Name or Surname			
Inventor's Signature						Date	
Residence: City		State		Country		Citizenship	
Post Office Address							
Post Office Address							
City		State		ZIP		Country	

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

+



**ADD PAGE TO DECLARATION AND POWER OF ATTORNEY FOR SIGNATURE BY A JOINT INVENTOR ON BEHALF OF OMITTED INVENTOR(S) WHO REFUSE(S) TO SIGN OR CANNOT BE REACHED PURSUANT TO 37 CFR 1.47(a)**

I am a co-inventor for the above-referenced reissue application and have signed this declaration on my own behalf and under 37 CFR 1.47(a) on behalf of the omitted joint inventor(s), named: Dan Meisburger who refuses to sign this declaration.

It is my information and belief that the country of citizenship of the omitted joint inventor is: USA.

It is my information and belief that the residence address and last known address of the omitted inventor is the address stated above, next to the name of the omitted inventor.

It is my information and belief that the omitted inventor is an original, first and joint inventor of the subject matter which is claimed and for which a patent is sought on the invention stated above.

Accompanying this declaration is a declaration of facts in support of filing on behalf of the omitted inventor and the petition fee as stated in 37 CFR 1.17(i).

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Case D cket No. 4765US



Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

# REISSUE APPLICATION DECLARATION BY THE INVENTOR

Docket Number (Optional)

4765

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is described and claimed in patent number 5,717,204, granted February 10, 1998, and for which a reissue patent is sought on the invention entitled Inspecting Optical Masks With

Electron Beam Microscopy

the specification of which

☐ is attached hereto.

☒ was filed on February 10, 2000 as reissue application number 09/ 502,534  
and was amended on \_\_\_\_\_  
(If applicable)

I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.

I verily believe the original patent to be wholly or partly inoperative or invalid, for the reasons described below. (Check all boxes that apply.)

☐ by reason of a defective specification or drawing.

☒ by reason of the patentee claiming more or less than he had the right to claim in the patent.

☒ by reason of other errors.

At least one error upon which reissue is based is described as follows:

**My intent to claim all disclosed embodiments of the invention was not carried out through the course of prosecution of unnecessarily restricted claims by my former attorney of record.**

*Signed by Chen (#3)*



(REISSUE APPLICATION DECLARATION BY THE INVENTOR, page 2)

Docket Number (Optional)  
**4765**

All errors corrected in this reissue application arose without any deceptive intention on the part of the applicant. As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith.

Name(s) Registration Number

Laura A. Majerus 33,417

Trinidad Arriola Kern 44,012

Correspondence Address: Direct all communications about the application to:

☐ Customer Number

OR

Type Customer Number here

Place Customer Number Bar  
Code Label here

<input checked="" type="checkbox"/> Firm or Individual Name	<b>Fenwick &amp; West LLP</b>				
Address	<b>Two Palo Alto Square</b>				
Address					
City	<b>Palo Alto</b>	State	<b>CA</b>	ZIP	<b>94306</b>
Country	<b>U.S.A.</b>				
Telephone	<b>(650) 494-0600</b>	Fax	<b>(650) 494-1417</b>		

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine and imprisonment, or both, under 18 U.S.C. 1001, and that such willful false statements may jeopardize the validity of the application, any patent issuing thereon, or any patent to which this declaration is directed.

Full name of sole or first inventor (given name, family name)  
**Dan Meisburger**

Inventor's signature

Residence **1507 Montalban Drive**  
**San Jose, CA 95120-4830**

Date

Post Office Address

Citizenship

Full name of second joint inventor (given name, family name)  
**Alan D. Brodie**

Inventor's signature

Date

Residence **998 Van Auken Circle**  
**Palo Alto, CA 94303**

Citizenship

Post Office Address

Full name of third joint inventor (given name, family name)  
**Zhong-Wei Chen**

Inventor's signature

Date

Residence **1561 Blaney Avenue**  
**San Jose, CA 95129**

Citizenship

Post Office Address

☒ Additional joint inventors are named on separately numbered sheets attached hereto.



Please type a plus sign (+) inside this box → ☐

PTO/SB/02A (3-97)  
Approved for use through 9/30/98. OMB 0651-0032  
Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

## DECLARATION

ADDITIONAL INVENTOR(S)  
Supplemental Sheet  
Page 1 of 4

Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])				Family Name or Surname			
Jack Y.				Jau			
Inventor's Signature				Date			
Residence: City	Los Altos Hills	State	CA	Country	U.S.A.	Citizenship	
Post Office Address	11020 Magdalena Road						
Post Office Address							
City	Los Altos Hills	State	CA	ZIP	94024	Country	U.S.A.
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])				Family Name or Surname			
Paul				Sandland			
Inventor's Signature				Date			
Residence: City		State		Country		Citizenship	
Post Office Address							
Post Office Address							
City		State		ZIP		Country	
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])				Family Name or Surname			
Richard				Simmons			
Inventor's Signature				Date			
Residence: City		State		Country		Citizenship	
Post Office Address							
Post Office Address							
City		State		ZIP		Country	

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Please type a plus sign (+) inside this box → ☐

PTO/SB/02A (3-97)  
Approved for use through 9/30/98. OMB 0651-0032  
Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

## DECLARATION

ADDITIONAL INVENTOR(S)  
Supplemental Sheet  
Page 2 of 4

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle (if any))				Family Name or Surname			
Dave E. A.				Smith			
Inventor's Signature						Date	
Residence: City		State		Country		Citizenship	
Post Office Address							
Post Office Address							
City		State		ZIP		Country	
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle (if any))				Family Name or Surname			
Hans				Dohse			
Inventor's Signature						Date	
Residence: City		State		Country		Citizenship	
Post Office Address							
Post Office Address							
City		State		ZIP		Country	
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle (if any))				Family Name or Surname			
Dennis G.				Emge			
Inventor's Signature						Date	
Residence: City		State		Country		Citizenship	
Post Office Address							
Post Office Address							
City		State		ZIP		Country	

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Please type a plus sign (+) inside this box → ☐

PTO/SB/02A (3-97)  
Approved for use through 9/30/98. OMB 0651-0032  
Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE  
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.



<b>DECLARATION</b>	<b>ADDITIONAL INVENTOR(S)</b> <b>Supplemental Sheet</b> Page <u>3</u> of <u>4</u>
--------------------	---

<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle (if any))				Family Name or Surname			
John				Greene			
Inventor's Signature						Date	
Residence: City		State		Country		Citizenship	
Post Office Address							
Post Office Address							
City		State		ZIP		Country	
<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle (if any))				Family Name or Surname			
Lee				Veneklasen			
Inventor's Signature						Date	
Residence: City		State		Country		Citizenship	
Post Office Address							
Post Office Address							
City		State		ZIP		Country	
<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle (if any))				Family Name or Surname			
Ming-Yie				Ling			
Inventor's Signature						Date	
Residence: City	Saratoga	State	CA	Country	U.S.A.	Citizenship	U.S.A.
Post Office Address							
19584 Via Monte Drive							
Post Office Address							
City	Saratoga	State	CA	ZIP	95070	Country	U.S.A.

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.



Please type a plus sign (+) inside this box → ☐

PTO/SB/02A (3-97)  
Approved for use through 9/30/98. OMB 0651-0032  
Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE  
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

+

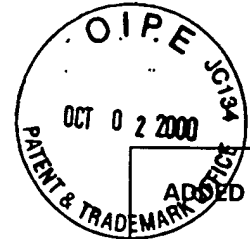
## DECLARATION

ADDITIONAL INVENTOR(S)  
Supplemental Sheet  
Page 4 of 4

Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle (if any))				Family Name or Surname			
Surendra G.				Lele			
Inventor's Signature						Date	
Residence: City	Cupertino	State	CA	Country	U.S.A.	Citizenship	U.S.A.
Post Office Address	21763 Ragnart Court						
Post Office Address							
City	Cupertino	State	CA	ZIP	95014	Country	U.S.A.
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle (if any))				Family Name or Surname			
Kirkwood				Rough			
Inventor's Signature						Date	
Residence: City		State		Country		Citizenship	
Post Office Address							
Post Office Address							
City		State		ZIP		Country	
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle (if any))				Family Name or Surname			
Inventor's Signature						Date	
Residence: City		State		Country		Citizenship	
Post Office Address							
Post Office Address							
City		State		ZIP		Country	

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

+



**ADDED PAGE TO DECLARATION AND POWER OF ATTORNEY FOR SIGNATURE BY A JOINT INVENTOR ON BEHALF OF OMITTED INVENTOR(S) WHO REFUSE(S) TO SIGN OR CANNOT BE REACHED PURSUANT TO 37 CFR 1.47(a)**

I am a co-inventor for the above-referenced reissue application and have signed this declaration on my own behalf and under 37 CFR 1.47(a) on behalf of the omitted joint inventor(s), named: Dan Meisburger who refuses to sign this declaration.

It is my information and belief that the country of citizenship of the omitted joint inventor is: USA.

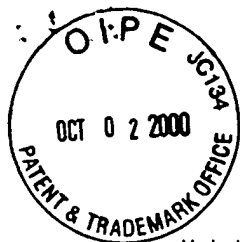
It is my information and belief that the residence address and last known address of the omitted inventor is the address stated above, next to the name of the omitted inventor.

It is my information and belief that the omitted inventor is an original, first and joint inventor of the subject matter which is claimed and for which a patent is sought on the invention stated above.

Accompanying this declaration is a declaration of facts in support of filing on behalf of the omitted inventor and the petition fee as stated in 37 CFR 1.17(i).

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

**Cas Docket No. 4765US**



# REISSUE APPLICATION DECLARATION BY THE INVENTOR

Docket Number (Optional)

4765

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is described and claimed in patent number 5,717,204, granted February 10, 1998, and for which a reissue patent is sought on the invention entitled Inspecting Optical Masks With

Electron Beam Microscopy

the specification of which

☐ is attached hereto.

☒ was filed on February 10, 2000 as reissue application number 09/ 502,534  
and was amended on \_\_\_\_\_  
(If applicable)

I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.

I verily believe the original patent to be wholly or partly inoperative or invalid, for the reasons described below. (Check all boxes that apply.)

☐ by reason of a defective specification or drawing.

☒ by reason of the patentee claiming more or less than he had the right to claim in the patent.

☒ by reason of other errors.

At least one error upon which reissue is based is described as follows:

**My intent to claim all disclosed embodiments of the invention was not carried out through the course of prosecution of unnecessarily restricted claims by my former attorney of record.**

Signed by ~~\_\_\_\_\_~~ Jau (# 4)

(REISSUE APPLICATION DECLARATION BY THE INVENTOR, page 2)		Docket Number (Optional) <b>4765</b>	
<p>All errors corrected in this reissue application arose without any deceptive intention on the part of the applicant. As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith.</p>			
Name(s)		Registration Number	
<u>Laura A. Majerus</u>		<u>33,417</u>	
<u>Trinidad Arriola Kern</u>		<u>44,012</u>	
<p>Correspondence Address: Direct all communications about the application to:</p> <div style="display: flex; justify-content: space-between; align-items: flex-start;"> <div style="width: 60%;"> <input type="checkbox"/> Customer Number <span style="border: 1px solid black; display: inline-block; width: 150px; height: 20px; vertical-align: middle;"></span>  OR  Type Customer Number here </div> <div style="width: 35%; border: 1px solid black; padding: 5px; text-align: center;"> Place Customer Number Bar Code Label here </div> </div>			
<input checked="" type="checkbox"/> Firm or Individual Name <b>Fenwick &amp; West LLP</b>			
Address <b>Two Palo Alto Square</b>			
Address			
City <b>Palo Alto</b>		State <b>CA</b>	ZIP <b>94306</b>
Country <b>U.S.A.</b>			
Telephone <b>(650) 494-0600</b>		Fax	<b>(650) 494-1417</b>
<p>I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine and imprisonment, or both, under 18 U.S.C. 1001, and that such willful false statements may jeopardize the validity of the application, any patent issuing thereon, or any patent to which this declaration is directed.</p>			
Full name of sole or first inventor (given name, family name) <b>Dan Meisburger</b>			
Inventor's signature			
Residence <b>1507 Montalban Drive</b> <b>San Jose, CA 95120-4830</b>		Date	
Post Office Address		Citizenship	
Full name of second joint inventor (given name, family name) <b>Alan D. Brodie</b>			
Inventor's signature		Date	
Residence <b>998 Van Auken Circle</b> <b>Palo Alto, CA 94303</b>		Citizenship	
Post Office Address			
Full name of third joint inventor (given name, family name) <b>Zhong-Wei Chen</b>			
Inventor's signature		Date	
Residence <b>1561 Blaney Avenue</b> <b>San Jose, CA 95129</b>		Citizenship	
Post Office Address			
<input checked="" type="checkbox"/> Additional joint inventors are named on separately numbered sheets attached hereto.			



Please type a plus sign (+) inside this box → ☐

PTO/SB/02A (3-97)  
Approved for use through 9/30/98. OMB 0651-0032  
Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

## DECLARATION

ADDITIONAL INVENTOR(S)  
Supplemental Sheet  
Page 4 of 4

Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle (if any))				Family Name or Surname			
Jack Y.				Jau			
Inventor's Signature	<i>Jack Jau</i>			Date	9/5/2000		
Residence: City	Los Altos Hills	State	CA	Country	U.S.A.	Citizenship	US
Post Office Address	11020 Magdalena Road						
Post Office Address							
City	Los Altos Hills	State	CA	ZIP	94024	Country	U.S.A.
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle (if any))				Family Name or Surname			
Paul				Sandland			
Inventor's Signature				Date			
Residence: City		State		Country		Citizenship	
Post Office Address							
Post Office Address							
City		State		ZIP		Country	
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle (if any))				Family Name or Surname			
Richard				Simmons			
Inventor's Signature				Date			
Residence: City		State		Country		Citizenship	
Post Office Address							
Post Office Address							
City		State		ZIP		Country	

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Please type a plus sign (+) inside this box → ☐

PTO/SB/02A (3-97)  
Approved for use through 9/30/98. OMB 0651-0032  
Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

## DECLARATION

ADDITIONAL INVENTOR(S)  
Supplemental Sheet  
Page 2 of 4

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle (if any))				Family Name or Surname			
Dave E. A.				Smith			
Inventor's Signature						Date	
Residence: City		State		Country		Citizenship	
Post Office Address							
Post Office Address							
City		State		ZIP		Country	
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle (if any))				Family Name or Surname			
Hans				Dohse			
Inventor's Signature						Date	
Residence: City		State		Country		Citizenship	
Post Office Address							
Post Office Address							
City		State		ZIP		Country	
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle (if any))				Family Name or Surname			
Dennis G.				Emge			
Inventor's Signature						Date	
Residence: City		State		Country		Citizenship	
Post Office Address							
Post Office Address							
City		State		ZIP		Country	

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Please type a plus sign (+) inside this box → ☐

PTO/SB/02A (3-97)  
Approved for use through 9/30/98. OMB 0651-0032  
Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE  
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.



<b>DECLARATION</b>	<b>ADDITIONAL INVENTOR(S)</b> <b>Supplemental Sheet</b> Page <u>3</u> of <u>4</u>
--------------------	---

<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle (if any))				Family Name or Surname			
John				Greene			
Inventor's Signature						Date	
Residence: City		State		Country		Citizenship	
Post Office Address							
Post Office Address							
City		State		ZIP		Country	
<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle (if any))				Family Name or Surname			
Lee				Veneklasen			
Inventor's Signature						Date	
Residence: City		State		Country		Citizenship	
Post Office Address							
Post Office Address							
City		State		ZIP		Country	
<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle (if any))				Family Name or Surname			
Ming-Yie				Ling			
Inventor's Signature						Date	
Residence: City	Saratoga	State	CA	Country	U.S.A.	Citizenship	U.S.A.
Post Office Address	19584 Via Monte Drive						
Post Office Address							
City	Saratoga	State	CA	ZIP	95070	Country	U.S.A.

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.



Please type a plus sign (+) inside this box → ☐

PTO/SB/02A (3-97)  
Approved for use through 9/30/98. OMB 0651-0032  
Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE  
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.



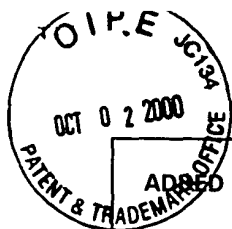
## DECLARATION

ADDITIONAL INVENTOR(S)  
Supplemental Sheet  
Page 4 of 4

<b>Name of Additional Joint Inventor, if any:</b>				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])				Family Name or Surname			
Surendra G.				Lele			
Inventor's Signature					Date		
Residence: City		Cupertino	State	CA	Country	U.S.A.	Citizenship
Post Office Address		21763 Ragnart Court					
Post Office Address							
City		Cupertino	State	CA	ZIP	95014	Country
						U.S.A.	
<b>Name of Additional Joint Inventor, if any:</b>				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])				Family Name or Surname			
Kirkwood				Rough			
Inventor's Signature					Date		
Residence: City			State		Country		Citizenship
Post Office Address							
Post Office Address							
City			State		ZIP		Country
<b>Name of Additional Joint Inventor, if any:</b>				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])				Family Name or Surname			
Inventor's Signature					Date		
Residence: City			State		Country		Citizenship
Post Office Address							
Post Office Address							
City			State		ZIP		Country

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.





**ADDENDUM PAGE TO DECLARATION AND POWER OF ATTORNEY FOR SIGNATURE BY A JOINT INVENTOR ON BEHALF OF OMITTED INVENTOR(S) WHO REFUSE(S) TO SIGN OR CANNOT BE REACHED PURSUANT TO 37 CFR 1.47(a)**

I am a co-inventor for the above-referenced reissue application and have signed this declaration on my own behalf and under 37 CFR 1.47(a) on behalf of the omitted joint inventor(s), named: Dan Meisburger who refuses to sign this declaration.

It is my information and belief that the country of citizenship of the omitted joint inventor is: USA.

It is my information and belief that the residence address and last known address of the omitted inventor is the address stated above, next to the name of the omitted inventor.

It is my information and belief that the omitted inventor is an original, first and joint inventor of the subject matter which is claimed and for which a patent is sought on the invention stated above.

Accompanying this declaration is a declaration of facts in support of filing on behalf of the omitted inventor and the petition fee as stated in 37 CFR 1.17(i).

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Cas D cket No. 4765US



Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

## REISSUE APPLICATION DECLARATION BY THE INVENTOR

Docket Number (Optional)  
4765

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is described and claimed in patent number 5,717,204, granted February 10, 1998, and for which a reissue patent is sought on the invention entitled Inspecting Optical Masks With  
Electron Beam Microscopy

the specification of which

☐ is attached hereto.

☒ was filed on February 10, 2000 as reissue application number 09 / 502,534  
and was amended on \_\_\_\_\_  
(If applicable)

I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.

I verily believe the original patent to be wholly or partly inoperative or invalid, for the reasons described below. (Check all boxes that apply.)

☐ by reason of a defective specification or drawing.

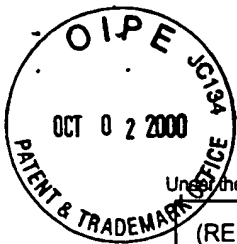
☒ by reason of the patentee claiming more or less than he had the right to claim in the patent.

☒ by reason of other errors.

At least one error upon which reissue is based is described as follows:

**My intent to claim all disclosed embodiments of the invention was not carried out through the course of prosecution of unnecessarily restricted claims by my former attorney of record.**

Signed by Sandland (#5)



(REISSUE APPLICATION DECLARATION BY THE INVENTOR, page 2)

Docket Number (Optional)  
**4765**

All errors corrected in this reissue application arose without any deceptive intention on the part of the applicant. As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith.

Name(s) Registration Number

Laura A. Majerus 33,417

Trinidad Arriola Kern 44,012

Correspondence Address: Direct all communications about the application to:

☐ Customer Number

OR

Type Customer Number here

Place Customer Number Bar  
Code Label here

<input checked="" type="checkbox"/> Firm or Individual Name	<b>Fenwick &amp; West LLP</b>				
Address	<b>Two Palo Alto Square</b>				
Address					
City	<b>Palo Alto</b>	State	<b>CA</b>	ZIP	<b>94306</b>
Country	<b>U.S.A.</b>				
Telephone	<b>(650) 494-0600</b>	Fax	<b>(650) 494-1417</b>		

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine and imprisonment, or both, under 18 U.S.C. 1001, and that such willful false statements may jeopardize the validity of the application, any patent issuing thereon, or any patent to which this declaration is directed.

Full name of sole or first inventor (given name, family name)

**Dan Meisburger**

Inventor's signature

Residence **1507 Montalban Drive**  
**San Jose, CA 95120-4830**

Date

Post Office Address

Citizenship

Full name of second joint inventor (given name, family name)

**Alan D. Brodie**

Inventor's signature

Date

Residence **998 Van Auken Circle**  
**Palo Alto, CA 94303**

Citizenship

Post Office Address

Full name of third joint inventor (given name, family name)

**Zhong-Wei Chen**

Inventor's signature

Date

Residence **1561 Blaney Avenue**  
**San Jose, CA 95129**

Citizenship

Post Office Address

☒ Additional joint inventors are named on separately numbered sheets attached hereto.



Please type a plus sign (+) inside this box → ☐

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

PTO/SB/02A (3-97)  
Approved for use through 9/30/98. OMB 0651-0032  
Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE



## DECLARATION

ADDITIONAL INVENTOR(S)  
Supplemental Sheet  
Page 1 of 4

Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])				Family Name or Surname			
Jack Y.				Jau			
Inventor's Signature						Date	
Residence: City	Los Altos Hills	State	CA	Country	U.S.A.	Citizenship	
Post Office Address	11020 Magdalena Road						
Post Office Address							
City	Los Altos Hills	State	CA	ZIP	94024	Country	U.S.A.
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])				Family Name or Surname			
Paul				Sandland			
Inventor's Signature						15 SEP 2000	Date
Residence: City	SPRINGFIELD	State	OR	Country	USA	Citizenship	USA
Post Office Address	85510 McCUMBER ROAD						
Post Office Address							
City		State		ZIP	97478	Country	
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])				Family Name or Surname			
Richard				Simmons			
Inventor's Signature						Date	
Residence: City		State		Country		Citizenship	
Post Office Address							
Post Office Address							
City		State		ZIP		Country	

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.





Please type a plus sign (+) inside this box → ☐

PTO/SB/02A (3-97)  
Approved for use through 9/30/98. OMB 0651-0032  
Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE  
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

+

## DECLARATION

ADDITIONAL INVENTOR(S)  
Supplemental Sheet  
Page 2 of 4

Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])				Family Name or Surname			
Dave E. A.				Smith			
Inventor's Signature				Date			
Residence: City		State		Country		Citizenship	
Post Office Address							
Post Office Address							
City		State		ZIP		Country	
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])				Family Name or Surname			
Hans				Dohse			
Inventor's Signature				Date			
Residence: City		State		Country		Citizenship	
Post Office Address							
Post Office Address							
City		State		ZIP		Country	
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])				Family Name or Surname			
Dennis G.				Emge			
Inventor's Signature				Date			
Residence: City		State		Country		Citizenship	
Post Office Address							
Post Office Address							
City		State		ZIP		Country	

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

+



Please type a plus sign (+) inside this box → ☐

PTO/SB/02A (3-97)  
Approved for use through 9/30/98. OMB 0651-0032  
Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE  
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

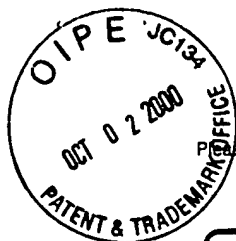
+

<b>DECLARATION</b>	<b>ADDITIONAL INVENTOR(S)</b> <b>Supplemental Sheet</b> Page <u>3</u> of <u>4</u>
--------------------	---

<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle (if any))				Family Name or Surname			
John				Greene			
Inventor's Signature						Date	
Residence: City		State		Country		Citizenship	
Post Office Address							
Post Office Address							
City		State		ZIP		Country	
<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle (if any))				Family Name or Surname			
Lee				Veneklasen			
Inventor's Signature						Date	
Residence: City		State		Country		Citizenship	
Post Office Address							
Post Office Address							
City		State		ZIP		Country	
<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle (if any))				Family Name or Surname			
Ming-Yie				Ling			
Inventor's Signature						Date	
Residence: City	Saratoga	State	CA	Country	U.S.A.	Citizenship	U.S.A.
Post Office Address	19584 Via Monte Drive						
Post Office Address							
City	Saratoga	State	CA	ZIP	95070	Country	U.S.A.

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

+



Please type a plus sign (+) inside this box → ☐

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

PTO/SB/02A (3-97)  
Approved for use through 9/30/98. OMB 0651-0032  
Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE



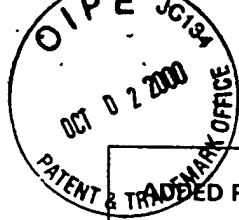
## DECLARATION

ADDITIONAL INVENTOR(S)  
Supplemental Sheet  
Page 4 of 4

Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor				
Given Name (first and middle (if any))				Family Name or Surname				
Surendra G.				Lele				
Inventor's Signature					Date			
Residence: City		Cupertino	State	CA	Country	U.S.A.	Citizenship	U.S.A.
Post Office Address		21763 Ragnart Court						
Post Office Address								
City		Cupertino	State	CA	ZIP	95014	Country	U.S.A.
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor				
Given Name (first and middle (if any))				Family Name or Surname				
Kirkwood				Rough				
Inventor's Signature					Date			
Residence: City			State		Country		Citizenship	
Post Office Address								
Post Office Address								
City			State		ZIP		Country	
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor				
Given Name (first and middle (if any))				Family Name or Surname				
Inventor's Signature					Date			
Residence: City			State		Country		Citizenship	
Post Office Address								
Post Office Address								
City			State		ZIP		Country	

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.





**ADDED PAGE TO DECLARATION AND POWER OF ATTORNEY FOR SIGNATURE BY A JOINT INVENTOR ON BEHALF OF OMITTED INVENTOR(S) WHO REFUSE(S) TO SIGN OR CANNOT BE REACHED PURSUANT TO 37 CFR 1.47(a)**

I am a co-inventor for the above-referenced reissue application and have signed this declaration on my own behalf and under 37 CFR 1.47(a) on behalf of the omitted joint inventor(s), named: Dan Meisburger who refuses to sign this declaration.

It is my information and belief that the country of citizenship of the omitted joint inventor is: USA.

It is my information and belief that the residence address and last known address of the omitted inventor is the address stated above, next to the name of the omitted inventor.

It is my information and belief that the omitted inventor is an original, first and joint inventor of the subject matter which is claimed and for which a patent is sought on the invention stated above.

Accompanying this declaration is a declaration of facts in support of filing on behalf of the omitted inventor and the petition fee as stated in 37 CFR 1.17(i).

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Case Docket No. 4765US



Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

# REISSUE APPLICATION DECLARATION BY THE INVENTOR

Docket Number (Optional)

4765

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is described and claimed in patent number 5,717,204, granted February 10, 1998, and for which a

reissue patent is sought on the invention entitled Inspecting Optical Masks With Electron Beam Microscopy

the specification of which

☐ is attached hereto.

☒ was filed on February 10, 2000 as reissue application number 09/ 502,534 and was amended on \_\_\_\_\_  
(If applicable)

I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.

I verily believe the original patent to be wholly or partly inoperative or invalid, for the reasons described below. (Check all boxes that apply.)

☐ by reason of a defective specification or drawing.

☒ by reason of the patentee claiming more or less than he had the right to claim in the patent.

☒ by reason of other errors.

At least one error upon which reissue is based is described as follows:

**My intent to claim all disclosed embodiments of the invention was not carried out through the course of prosecution of unnecessarily restricted claims by my former attorney of record.**

*Signed by Simmons (#6)*

[Page 1 of 2]

(REISSUE APPLICATION DECLARATION BY THE INVENTOR, page 2)					Docket Number (Optional) <b>4765</b>							
<p>All errors corrected in this reissue application arose without any deceptive intention on the part of the applicant. As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith.</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 40%; border-bottom: 1px solid black;">Name(s)</td> <td style="width: 60%; border-bottom: 1px solid black;">Registration Number</td> </tr> <tr> <td style="border-bottom: 1px solid black;"><u>Laura A. Majerus</u></td> <td style="border-bottom: 1px solid black;"><u>33,417</u></td> </tr> <tr> <td style="border-bottom: 1px solid black;"><u>Trinidad Arriola Kern</u></td> <td style="border-bottom: 1px solid black;"><u>44,012</u></td> </tr> </table>							Name(s)	Registration Number	<u>Laura A. Majerus</u>	<u>33,417</u>	<u>Trinidad Arriola Kern</u>	<u>44,012</u>
Name(s)	Registration Number											
<u>Laura A. Majerus</u>	<u>33,417</u>											
<u>Trinidad Arriola Kern</u>	<u>44,012</u>											
<p>Correspondence Address: Direct all communications about the application to:</p> <div style="display: flex; justify-content: space-between; align-items: flex-start;"> <div style="width: 60%;"> <input type="checkbox"/> Customer Number <span style="border: 1px solid black; display: inline-block; width: 150px; height: 20px; vertical-align: middle;"></span>  OR  Type Customer Number here </div> <div style="width: 35%; border: 1px solid black; padding: 5px; text-align: center;"> Place Customer Number Bar Code Label here </div> </div>												
<input checked="" type="checkbox"/> Firm or Individual Name	<b>Fenwick &amp; West LLP</b>											
Address	<b>Two Palo Alto Square</b>											
Address												
City	<b>Palo Alto</b>	State	<b>CA</b>	ZIP	<b>94306</b>							
Country	<b>U.S.A.</b>											
Telephone	<b>(650) 494-0600</b>		Fax	<b>(650) 494-1417</b>								
<p>I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine and imprisonment, or both, under 18 U.S.C. 1001, and that such willful false statements may jeopardize the validity of the application, any patent issuing thereon, or any patent to which this declaration is directed.</p>												
Full name of sole or first inventor (given name, family name)												
<b>Dan Meisburger</b>												
Inventor's signature												
Residence <b>1507 Montalban Drive</b> <b>San Jose, CA 95120-4830</b>				Date								
Post Office Address				Citizenship								
Full name of second joint inventor (given name, family name)												
<b>Alan D. Brodie</b>												
Inventor's signature				Date								
R sidence <b>998 Van Auken Circle</b> <b>Palo Alto, CA 94303</b>				Citizenship								
Post Office Address												
Full name of third joint inventor (given name, family name)												
<b>Zhong-Wei Chen</b>												
Inventor's signature				Date								
Residence <b>1561 Blaney Avenue</b> <b>San Jose, CA 95129</b>				Citizenship								
Post Office Address												
<input checked="" type="checkbox"/> Additional joint inventors are named on separately numbered sheets attached hereto.												



Please type a plus sign (+) inside this box → ☐

PTO/SB/02A (3-97)  
Approved for use through 9/30/98. OMB 0651-0032  
Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

## DECLARATION

ADDITIONAL INVENTOR(S)  
Supplemental Sheet  
Page 1 of 4

Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle (if any))				Family Name or Surname			
Jack Y.				Jau			
Inventor's Signature						Date	
Residence: City	Los Altos Hills	State	CA	Country	U.S.A.	Citizenship	
Post Office Address	11020 Magdalena Road						
Post Office Address							
City	Los Altos Hills	State	CA	ZIP	94024	Country	U.S.A.
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle (if any))				Family Name or Surname			
Paul				Sandland			
Inventor's Signature						Date	
Residence: City		State		Country		Citizenship	
Post Office Address							
Post Office Address							
City		State		ZIP		Country	
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle (if any))				Family Name or Surname			
Richard				Simmons			
Inventor's Signature	Richard Simmons					Date	9-19-00
Residence: City	Los Altos	State	CA	Country	USA	Citizenship	US
Post Office Address	44 Alvarado Avenue						
Post Office Address							
City	Los Altos	State	CA	ZIP	94022	Country	USA

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Please type a plus sign (+) inside this box → ☐

PTO/SB/02A (3-97)  
Approved for use through 9/30/98. OMB 0651-0032  
Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

## DECLARATION

ADDITIONAL INVENTOR(S)  
Supplemental Sheet  
Page 2 of 4

Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle (if any))				Family Name or Surname			
Dave E. A.				Smith			
Inventor's Signature						Date	
Residence: City		State		Country		Citizenship	
Post Office Address							
Post Office Address							
City		State		ZIP		Country	
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle (if any))				Family Name or Surname			
Hans				Dohse			
Inventor's Signature						Date	
Residence: City		State		Country		Citizenship	
Post Office Address							
Post Office Address							
City		State		ZIP		Country	
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle (if any))				Family Name or Surname			
Dennis G.				Emge			
Inventor's Signature						Date	
Residence: City		State		Country		Citizenship	
Post Office Address							
Post Office Address							
City		State		ZIP		Country	

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Please type a plus sign (+) inside this box → ☐

PTO/SB/02A (3-97)  
Approved for use through 9/30/98. OMB 0651-0032  
Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

## DECLARATION

ADDITIONAL INVENTOR(S)  
Supplemental Sheet  
Page 3 of 4

Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle (if any))				Family Name or Surname			
John				Greene			
Inventor's Signature						Date	
Residence: City		State		Country		Citizenship	
Post Office Address							
Post Office Address							
City		State		ZIP		Country	
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle (if any))				Family Name or Surname			
Lee				Veneklasen			
Inventor's Signature						Date	
Residence: City		State		Country		Citizenship	
Post Office Address							
Post Office Address							
City		State		ZIP		Country	
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle (if any))				Family Name or Surname			
Ming-Yie				Ling			
Inventor's Signature						Date	
Residence: City	Saratoga	State	CA	Country	U.S.A.	Citizenship	U.S.A.
Post Office Address	19584 Via Monte Drive						
Post Office Address							
City	Saratoga	State	CA	ZIP	95070	Country	U.S.A.

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Please type a plus sign (+) inside this box → ☐

PTO/SB/02A (3-97)  
Approved for use through 9/30/98. OMB 0651-0032  
Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE  
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

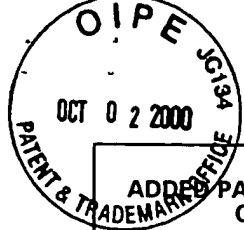
+

<b>DECLARATION</b>	<b>ADDITIONAL INVENTOR(S)</b> <b>Supplemental Sheet</b> Page <u>4</u> of <u>4</u>
--------------------	---

<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
<b>Given Name (first and middle (if any))</b>				<b>Family Name or Surname</b>			
<b>Surendra G.</b>				<b>Lele</b>			
<b>Inventor's Signature</b>						<b>Date</b>	
<b>Residence: City</b>	<b>Cupertino</b>	<b>State</b>	<b>CA</b>	<b>Country</b>	<b>U.S.A.</b>	<b>Citizenship</b>	<b>U.S.A.</b>
<b>Post Office Address</b>	<b>21763 Ragnart Court</b>						
<b>Post Office Address</b>							
<b>City</b>	<b>Cupertino</b>	<b>State</b>	<b>CA</b>	<b>ZIP</b>	<b>95014</b>	<b>Country</b>	<b>U.S.A.</b>
<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
<b>Given Name (first and middle (if any))</b>				<b>Family Name or Surname</b>			
<b>Kirkwood</b>				<b>Rough</b>			
<b>Inventor's Signature</b>						<b>Date</b>	
<b>Residence: City</b>		<b>State</b>		<b>Country</b>		<b>Citizenship</b>	
<b>Post Office Address</b>							
<b>Post Office Address</b>							
<b>City</b>		<b>State</b>		<b>ZIP</b>		<b>Country</b>	
<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
<b>Given Name (first and middle (if any))</b>				<b>Family Name or Surname</b>			
<b>Inventor's Signature</b>						<b>Date</b>	
<b>Residence: City</b>		<b>State</b>		<b>Country</b>		<b>Citizenship</b>	
<b>Post Office Address</b>							
<b>Post Office Address</b>							
<b>City</b>		<b>State</b>		<b>ZIP</b>		<b>Country</b>	

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

+



**ADDED PAGE TO DECLARATION AND POWER OF ATTORNEY FOR SIGNATURE BY A JOINT INVENTOR ON BEHALF  
OF OMITTED INVENTOR(S) WHO REFUSE(S) TO SIGN OR CANNOT BE REACHED PURSUANT TO  
37 CFR 1.47(a)**

I am a co-inventor for the above-referenced reissue application and have signed this declaration on my own behalf and under 37 CFR 1.47(a) on behalf of the omitted joint inventor(s), named: Dan Meisburger who refuses to sign this declaration.

It is my information and belief that the country of citizenship of the omitted joint inventor is: USA.

It is my information and belief that the residence address and last known address of the omitted inventor is the address stated above, next to the name of the omitted inventor.

It is my information and belief that the omitted inventor is an original, first and joint inventor of the subject matter which is claimed and for which a patent is sought on the invention stated above.

Accompanying this declaration is a declaration of facts in support of filing on behalf of the omitted inventor and the petition fee as stated in 37 CFR 1.17(i).

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Case Docket No. 4765US



# REISSUE APPLICATION DECLARATION BY THE INVENTOR

Docket Number (Optional)

4765

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is described and claimed in patent number 5,717,204, granted February 10, 1998, and for which a reissue patent is sought on the invention entitled Inspecting Optical Masks With

Electron Beam Microscopy

the specification of which

☐ is attached hereto.

☒ was filed on February 10, 2000 as reissue application number 09/ 502,534 and was amended on \_\_\_\_\_  
(If applicable)

I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.

I verily believe the original patent to be wholly or partly inoperative or invalid, for the reasons described below. (Check all boxes that apply.)

☐ by reason of a defective specification or drawing.

☒ by reason of the patentee claiming more or less than he had the right to claim in the patent.

☒ by reason of other errors.

At least one error upon which reissue is based is described as follows:

**My intent to claim all disclosed embodiments of the invention was not carried out through the course of prosecution of unnecessarily restricted claims by my former attorney of record.**

Signed by Smith; Dohse; Emge;  
Greene; Ling; and Lele  
(#7, 8, 9, 10, 12 and 13)

[Page 1 of 2]

(REISSUE APPLICATION DECLARATION BY THE INVENTOR, page 2)		Docket Number (Optional) <b>4765</b>	
<p>All errors corrected in this reissue application arose without any deceptive intention on the part of the applicant. As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith.</p>			
Name(s)		Registration Number	
<u>Laura A. Majerus</u>		<u>33,417</u>	
<u>Trinidad Arriola Kern</u>		<u>44,012</u>	
<p>Correspondence Address: Direct all communications about the application to:</p> <div style="display: flex; justify-content: space-between; align-items: flex-start;"> <div style="width: 60%;"> <p><input type="checkbox"/> Customer Number <span style="border: 1px solid black; display: inline-block; width: 150px; height: 20px; vertical-align: middle;"></span></p> <p><b>OR</b> <span style="margin-left: 100px;">Type Customer Number here</span></p> </div> <div style="width: 35%; border: 1px solid black; padding: 5px; text-align: center;"> <p>Place Customer Number Bar Code Label here</p> </div> </div>			
<input checked="" type="checkbox"/> Firm or Individual Name	<b>Fenwick &amp; West LLP</b>		
Address	<b>Two Palo Alto Square</b>		
Address			
City	<b>Palo Alto</b>	State	<b>CA</b>
Country	<b>U.S.A.</b>		
Telephone	<b>(650) 494-0600</b>	Fax	<b>(650) 494-1417</b>
<p>I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine and imprisonment, or both, under 18 U.S.C. 1001, and that such willful false statements may jeopardize the validity of the application, any patent issuing thereon, or any patent to which this declaration is directed.</p>			
Full name of sole or first inventor (given name, family name)			
<b>Dan Meisburger</b>			
Inventor's signature			
Residence <b>1507 Montalban Drive</b>		Date	
<b>San Jose, CA 95120-4830</b>			
Post Office Address		Citizenship	
Full name of second joint inventor (given name, family name)			
<b>Alan D. Brodie</b>			
Inventor's signature		Date	
Residence <b>998 Van Auken Circle</b>		Citizenship	
<b>Palo Alto, CA 94303</b>			
Post Office Address			
Full name of third joint inventor (given name, family name)			
<b>Zhong-Wei Chen</b>			
Inventor's signature		Date	
Residence <b>1561 Blaney Avenue</b>		Citizenship	
<b>San Jose, CA 95129</b>			
Post Office Address			
<p><input checked="" type="checkbox"/> Additional joint inventors are named on separately numbered sheets attached hereto.</p>			



Please type a plus sign (+) inside this box → ☐

PTO/SB/02A (3-97)  
Approved for use through 9/30/98. OMB 0651-0032  
Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

## DECLARATION

ADDITIONAL INVENTOR(S)  
Supplemental Sheet  
Page 1 of 1

Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle (if any))				Family Name or Surname			
Jack Y.				Jau			
Inventor's Signature					Date		
Residence: City		Los Altos Hills	State	CA	Country	U.S.A.	Citizenship
Post Office Address		11020 Magdalena Road					
Post Office Address							
City		Los Altos Hills	State	CA	ZIP	94024	Country U.S.A.
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle (if any))				Family Name or Surname			
Paul				Sandland			
Inventor's Signature					Date		
Residence: City			State		Country		Citizenship
Post Office Address							
Post Office Address							
City			State		ZIP		Country
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle (if any))				Family Name or Surname			
Richard				Simmons			
Inventor's Signature					Date		
Residence: City			State		Country		Citizenship
Post Office Address							
Post Office Address							
City			State		ZIP		Country

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Please type a plus sign (+) inside this box → ☐

PTO/SB/02A (3-97)

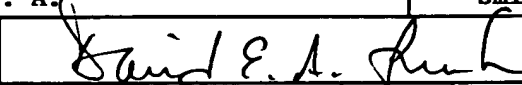
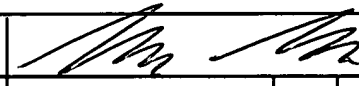
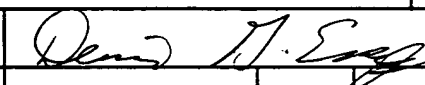
Approved for use through 9/30/98. OMB 0651-0032

Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

## DECLARATION

**ADDITIONAL INVENTOR(S)**  
Supplemental Sheet  
Page 2 of 4

Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle (if any))				Family Name or Surname			
Dave E. A.				Smith			
Inventor's Signature				Date		9/6/00	
Residence: City	San Mateo	State	CA	Country	<del>San Mateo</del> USA	Citizenship	USA
Post Office Address	4022 Kingridge Drive						
Post Office Address							
City	San Mateo	State	CA	ZIP	94403	Country	USA
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle (if any))				Family Name or Surname			
Hans				Dohse			
Inventor's Signature				Date		9/6/00	
Residence: City	Sunnyvale	State	CA	Country	U.S.A.	Citizenship	U.S.A.
Post Office Address	1073 Sargent Dr						
Post Office Address							
City	Sunnyvale	State	CA	ZIP	94087	Country	U.S.A.
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle (if any))				Family Name or Surname			
Dennis G.				Emge			
Inventor's Signature				Date		9/11/00	
Residence: City	Naperville	State	IL	Country	USA	Citizenship	Y
Post Office Address	1853 Paddington Ave						
Post Office Address							
City	Naperville	State	IL	ZIP	60563	Country	

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Please type a plus sign (+) inside this box → ☐

PTO/SB/02A (3-97)  
Approved for use through 9/30/98. OMB 0651-0032  
Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

<b>DECLARATION</b>	<b>ADDITIONAL INVENTOR(S)</b> <b>Supplemental Sheet</b> Page <u>3</u> of <u>4</u>
--------------------	---

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle (if any))				Family Name or Surname			
John				Greene			
Inventor's Signature						Date	5/20/00
Residence: City	SAN JOSE	State	CA	Country	USA	Citizenship	USA
Post Office Address							
Post Office Address							
City		State		ZIP		Country	
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle (if any))				Family Name or Surname			
Lee				Veneklasen			
Inventor's Signature						Date	
Residence: City		State		Country		Citizenship	
Post Office Address							
Post Office Address							
City		State		ZIP		Country	
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle (if any))				Family Name or Surname			
Ming-Yie				Ling			
Inventor's Signature						Date	9/5/00
Residence: City	Saratoga	State	CA	Country	U.S.A.	Citizenship	U.S.A.
Post Office Address							
19584 Via Monte Drive							
Post Office Address							
City	Saratoga	State	CA	ZIP	95070	Country	U.S.A.

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

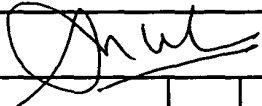
Please type a plus sign (+) inside this box → ☐

PTO/SB/02A (3-97)  
Approved for use through 9/30/98. OMB 0651-0032  
Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

## DECLARATION

ADDITIONAL INVENTOR(S)  
Supplemental Sheet  
Page 4 of 4

Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle (if any))				Family Name or Surname			
Surendra G.				Lele			
Inventor's Signature				Date	8/31/2000		
Residence: City	Cupertino	State	CA	Country	U.S.A.	Citizenship	U.S.A.
Post Office Address	21763 <del>Regnart</del> Court Regnart						
Post Office Address							
City	Cupertino	State	CA	ZIP	95014	Country	U.S.A.
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle (if any))				Family Name or Surname			
Kirkwood				Rough			
Inventor's Signature				Date			
Residence: City		State		Country		Citizenship	
Post Office Address							
Post Office Address							
City		State		ZIP		Country	
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle (if any))				Family Name or Surname			
Inventor's Signature				Date			
Residence: City		State		Country		Citizenship	
Post Office Address							
Post Office Address							
City		State		ZIP		Country	

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.



**REISSUE APPLICATION DECLARATION BY THE INVENTOR**

Docket Number (Optional)

**4765**

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is described and claimed in patent number 5,717,204, granted February 10, 1998, and for which a reissue patent is sought on the invention entitled Inspecting Optical Masks With

Electron Beam Microscopy

the specification of which

☐ is attached hereto.

☒ was filed on February 10, 2000 as reissue application number 09/ 502,534  
and was amended on \_\_\_\_\_  
(If applicable)

I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.

I verily believe the original patent to be wholly or partly inoperative or invalid, for the reasons described below. (Check all boxes that apply.)

☐ by reason of a defective specification or drawing.

☒ by reason of the patentee claiming more or less than he had the right to claim in the patent.

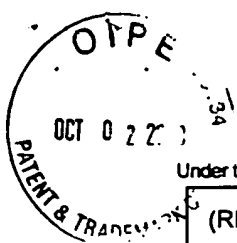
☒ by reason of other errors.

At least one error upon which reissue is based is described as follows:

**My intent to claim all disclosed embodiments of the invention was not carried out through the course of prosecution of unnecessarily restricted claims by my former attorney of record.**

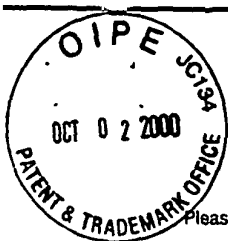
Signed by Rough K. Wood (#14)

[Page 1 of 2]



Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

(REISSUE APPLICATION DECLARATION BY THE INVENTOR, page 2)					Docket Number (Optional) <b>4765</b>	
All errors corrected in this reissue application arose without any deceptive intention on the part of the applicant. As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith.						
Name(s)		Registration Number				
<u>Laura A. Majerus</u>		<u>33,417</u>				
<u>Trinidad Arriola Kern</u>		<u>44,012</u>				
Correspondence Address: Direct all communications about the application to:						
<input type="checkbox"/> Customer Number		<div></div>			<div>Place Customer Number Bar Code Label here</div>	
OR		Type Customer Number here				
<input checked="" type="checkbox"/> Firm or Individual Name	<b>Fenwick &amp; West LLP</b>					
Address	<b>Two Palo Alto Square</b>					
Address						
City	<b>Palo Alto</b>	State	<b>CA</b>	ZIP	<b>94306</b>	
Country	<b>U.S.A.</b>					
Telephone	<b>(650) 494-0600</b>		Fax	<b>(650) 494-1417</b>		
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine and imprisonment, or both, under 18 U.S.C. 1001, and that such willful false statements may jeopardize the validity of the application, any patent issuing thereon, or any patent to which this declaration is directed.						
Full name of sole or first inventor (given name, family name) <b>Dan Meisburger</b>						
Inventor's signature						
Residence	<b>1507 Montalban Drive San Jose, CA 95120-4830</b>			Date		
Post Office Address				Citizenship		
Full name of second joint inventor (given name, family name) <b>Alan D. Brodie</b>						
Inventor's signature				Date		
Residence	<b>998 Van Auken Circle Palo Alto, CA 94303</b>			Citizenship		
Post Office Address						
Full name of third joint inventor (given name, family name) <b>Zhong-Wei Chen</b>						
Inventor's signature				Date		
Residence	<b>1561 Blaney Avenue San Jose, CA 95129</b>			Citizenship		
Post Office Address						
<input checked="" type="checkbox"/> Additional joint inventors are named on separately numbered sheets attached hereto.						



Please type a plus sign (+) inside this box → ☐

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

PTO/SB/02A (3-97)  
Approved for use through 9/30/98. OMB 0651-0032  
Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

+

<b>DECLARATION</b>	<b>ADDITIONAL INVENTOR(S)</b> <b>Supplemental Sheet</b> Page <u>1</u> of <u>4</u>
--------------------	---

<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])				Family Name or Surname			
Jack Y.				Jau			
Inventor's Signature						Date	
Residence: City	Los Altos Hills	State	CA	Country	U.S.A.	Citizenship	
Post Office Address	11020 Magdalena Road						
Post Office Address							
City	Los Altos Hills	State	CA	ZIP	94024	Country	U.S.A.
<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])				Family Name or Surname			
Paul				Sandland			
Inventor's Signature						Date	
Residence: City		State		Country		Citizenship	
Post Office Address							
Post Office Address							
City		State		ZIP		Country	
<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])				Family Name or Surname			
Richard				Simmons			
Inventor's Signature						Date	
Residence: City		State		Country		Citizenship	
Post Office Address							
Post Office Address							
City		State		ZIP		Country	

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

+



Please type a plus sign (+) inside this box → ☐

PTO/SB/02A (3-97)  
Approved for use through 9/30/98. OMB 0651-0032  
Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE  
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

+

<b>DECLARATION</b>	<b>ADDITIONAL INVENTOR(S)</b> <b>Supplemental Sheet</b> Page <u>2</u> of <u>4</u>
--------------------	---

<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])				Family Name or Surname			
Dave E. A.				Smith			
Inventor's Signature						Date	
Residence: City		State		Country		Citizenship	
Post Office Address							
Post Office Address							
City		State		ZIP		Country	
<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])				Family Name or Surname			
Hans				Dohse			
Inventor's Signature						Date	
Residence: City		State		Country		Citizenship	
Post Office Address							
Post Office Address							
City		State		ZIP		Country	
<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])				Family Name or Surname			
Dennis G.				Emge			
Inventor's Signature						Date	
Residence: City		State		Country		Citizenship	
Post Office Address							
Post Office Address							
City		State		ZIP		Country	

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

+



Please type a plus sign (+) inside this box → ☐

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

PTO/SB/02A (3-97)  
Approved for use through 9/30/98. OMB 0651-0032  
Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

## DECLARATION

ADDITIONAL INVENTOR(S)  
Supplemental Sheet  
Page 3 of 4

Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])				Family Name or Surname			
John				Greene			
Inventor's Signature				Date			
Residence: City		State		Country		Citizenship	
Post Office Address							
Post Office Address							
City		State		ZIP		Country	
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])				Family Name or Surname			
Lee				Veneklasen			
Inventor's Signature				Date			
Residence: City		State		Country		Citizenship	
Post Office Address							
Post Office Address							
City		State		ZIP		Country	
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])				Family Name or Surname			
Ming-Yie				Ling			
Inventor's Signature				Date			
Residence: City		State		Country		Citizenship	
Saratoga		CA		U.S.A.		U.S.A.	
Post Office Address		19584 Via Monte Drive					
Post Office Address							
City		State		ZIP		Country	
Saratoga		CA		95070		U.S.A.	

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.



Please type a plus sign (+) inside this box → ☐

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

PTO/SB/02A (3-97)  
Approved for use through 9/30/98. OMB 0651-0032  
Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE



## DECLARATION

ADDITIONAL INVENTOR(S)  
Supplemental Sheet  
Page 4 of 4

Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle (if any))				Family Name or Surname			
Surendra G.				Lele			
Inventor's Signature						Date	
Residence: City	Cupertino	State	CA	Country	U.S.A.	Citizenship	U.S.A.
Post Office Address	21763 Ragnart Court						
Post Office Address							
City	Cupertino	State	CA	ZIP	95014	Country	U.S.A.
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle (if any))				Family Name or Surname			
Kirkwood				Rough			
Inventor's Signature						Date	9/8/00
Residence: City	SAN JOSE	State	CA	Country	USA	Citizenship	USA
Post Office Address	264 SOUTH 14TH STREET						
Post Office Address							
City	SAN JOSE	State	CA	ZIP	95112	Country	USA
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle (if any))				Family Name or Surname			
Inventor's Signature						Date	
Residence: City		State		Country		Citizenship	
Post Office Address							
Post Office Address							
City		State		ZIP		Country	

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.





**ADDED PAGE TO DECLARATION AND POWER OF ATTORNEY FOR SIGNATURE BY A JOINT INVENTOR ON BEHALF OF OMITTED INVENTOR(S) WHO REFUSE(S) TO SIGN OR CANNOT BE REACHED PURSUANT TO 37 CFR 1.47(a)**

I am a co-inventor for the above-referenced reissue application and have signed this declaration on my own behalf and under 37 CFR 1.47(a) on behalf of the omitted joint inventor(s), named: Dan Meisburger who refuses to sign this declaration.

It is my information and belief that the country of citizenship of the omitted joint inventor is: USA.

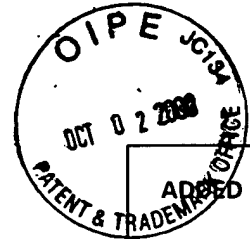
It is my information and belief that the residence address and last known address of the omitted inventor is the address stated above, next to the name of the omitted inventor.

It is my information and belief that the omitted inventor is an original, first and joint inventor of the subject matter which is claimed and for which a patent is sought on the invention stated above.

Accompanying this declaration is a declaration of facts in support of filing on behalf of the omitted inventor and the petition fee as stated in 37 CFR 1.17(i).

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

**Case Docket No. 4765US**



**ADDED PAGE TO DECLARATION AND POWER OF ATTORNEY FOR SIGNATURE BY A JOINT INVENTOR ON BEHALF  
OF OMITTED INVENTOR(S) WHO REFUSE(S) TO SIGN OR CANNOT BE REACHED PURSUANT TO  
37 CFR 1.47(a)**

I am a co-inventor for the above-referenced reissue application and have signed this declaration on my own behalf and under 37 CFR 1.47(a) on behalf of the omitted joint inventor(s), named: Dan Meisburger who refuses to sign this declaration.

It is my information and belief that the country of citizenship of the omitted joint inventor is: USA.

It is my information and belief that the residence address and last known address of the omitted inventor is the address stated above, next to the name of the omitted inventor.

It is my information and belief that the omitted inventor is an original, first and joint inventor of the subject matter which is claimed and for which a patent is sought on the invention stated above.

Accompanying this declaration is a declaration of facts in support of filing on behalf of the omitted inventor and the petition fee as stated in 37 CFR 1.17(i).

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Case D cket No. 4765US



Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

# **REISSUE APPLICATION DECLARATION BY THE INVENTOR**

Docket Number (Optional)  
**4765**

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is described and claimed in patent number 5,717,204, granted February 10, 1998, and for which a reissue patent is sought on the invention entitled Inspecting Optical Masks With

Electron Beam Microscopy

the specification of which

☐ is attached hereto.

☒ was filed on February 10, 2000 as reissue application number 09 / 502,534  
and was amended on \_\_\_\_\_  
(If applicable)

I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.

I verily believe the original patent to be wholly or partly inoperative or invalid, for the reasons described below. (Check all boxes that apply.)

☐ by reason of a defective specification or drawing.

☒ by reason of the patentee claiming more or less than he had the right to claim in the patent.

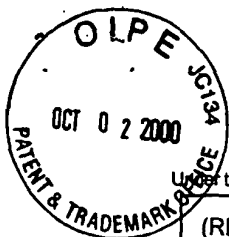
☒ by reason of other errors.

At least one error upon which reissue is based is described as follows:

**My intent to claim all disclosed embodiments of the invention was not carried out through the course of prosecution of unnecessarily restricted claims by my former attorney of record.**

*Signed by Veneklasen (#11)*

[Page 1 of 2]



(REISSUE APPLICATION DECLARATION BY THE INVENTOR, page 2)

Docket Number (Optional)  
**4765**

All errors corrected in this reissue application arose without any deceptive intention on the part of the applicant. As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith.

Name(s) Registration Number

Laura A. Majerus 33,417

Trinidad Arriola Kern 44,012

Correspondence Address: Direct all communications about the application to:

☐ Customer Number

OR

Type Customer Number here

Place Customer Number Bar  
Code Label here

<input checked="" type="checkbox"/> Firm or Individual Name	<b>Fenwick &amp; West LLP</b>				
Address	<b>Two Palo Alto Square</b>				
Address					
City	<b>Palo Alto</b>	State	<b>CA</b>	ZIP	<b>94306</b>
Country	<b>U.S.A.</b>				
Telephone	<b>(650) 494-0600</b>	Fax	<b>(650) 494-1417</b>		

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine and imprisonment, or both, under 18 U.S.C. 1001, and that such willful false statements may jeopardize the validity of the application, any patent issuing thereon, or any patent to which this declaration is directed.

Full name of sole or first inventor (given name, family name)

**Dan Meisburger**

Inventor's signature

Residence **1507 Montalban Drive**  
**San Jose, CA 95120-4830**

Date

Post Office Address

Citizenship

Full name of second joint inventor (given name, family name)

**Alan D. Brodie**

Inventor's signature

Date

Residence **998 Van Auken Circle**  
**Palo Alto, CA 94303**

Citizenship

Post Office Address

Full name of third joint inventor (given name, family name)

**Zhong-Wei Chen**

Inventor's signature

Date

Residence **1561 Blaney Avenue**  
**San Jose, CA 95129**

Citizenship

Post Office Address

☒ Additional joint inventors are named on separately numbered sheets attached hereto.



Please type a plus sign (+) inside this box → ☐

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

PTO/SB/02A (3-97)  
Approved for use through 9/30/98. OMB 0651-0032  
Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

+

<b>DECLARATION</b>	<b>ADDITIONAL INVENTOR(S)</b> <b>Supplemental Sheet</b> Page <u>1</u> of <u>4</u>
--------------------	---

<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle (if any))				Family Name or Surname			
Jack Y.				Jau			
Inventor's Signature						Date	
Residence: City	Los Altos Hills	State	CA	Country	U.S.A.	Citizenship	
Post Office Address	11020 Magdalena Road						
Post Office Address							
City	Los Altos Hills	State	CA	ZIP	94024	Country	U.S.A.
<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle (if any))				Family Name or Surname			
Paul				Sandland			
Inventor's Signature						Date	
Residence: City		State		Country		Citizenship	
Post Office Address							
Post Office Address							
City		State		ZIP		Country	
<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle (if any))				Family Name or Surname			
Richard				Simmons			
Inventor's Signature						Date	
Residence: City		State		Country		Citizenship	
Post Office Address							
Post Office Address							
City		State		ZIP		Country	

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

+

Please type a plus sign (+) inside this box → ☐

PTO/SB/02A (3-97)  
Approved for use through 9/30/98. OMB 0651-0032  
Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE  
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.



## DECLARATION

ADDITIONAL INVENTOR(S)  
Supplemental Sheet  
Page 2 of 4

<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])				Family Name or Surname			
Dave E. A.				Smith			
Inventor's Signature						Date	
Residence: City		State		Country		Citizenship	
Post Office Address							
Post Office Address							
City		State		ZIP		Country	
<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])				Family Name or Surname			
Hans				Dohse			
Inventor's Signature						Date	
Residence: City		State		Country		Citizenship	
Post Office Address							
Post Office Address							
City		State		ZIP		Country	
<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])				Family Name or Surname			
Dennis G.				Emge			
Inventor's Signature						Date	
Residence: City		State		Country		Citizenship	
Post Office Address							
Post Office Address							
City		State		ZIP		Country	

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.



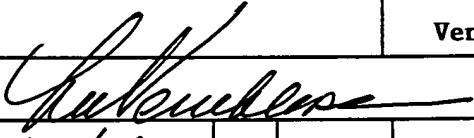
Please type a plus sign (+) inside this box → ☐

PTO/SB/02A (3-97)  
Approved for use through 9/30/98. OMB 0651-0032  
Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

## DECLARATION

ADDITIONAL INVENTOR(S)  
Supplemental Sheet  
Page 3 of 4

Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])				Family Name or Surname			
John				Greene			
Inventor's Signature				Date			
Residence: City		State		Country		Citizenship	
Post Office Address							
Post Office Address							
City		State		ZIP		Country	
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])				Family Name or Surname			
Lee				Veneklasen			
Inventor's Signature				8/30/00 Date			
Residence: City		CA		USA		USA	
Post Office Address		3445 Badding Rd.					
Post Office Address		Castro Valley, CA 94546					
City		State		ZIP		Country	
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])				Family Name or Surname			
Ming-Yie				Ling			
Inventor's Signature				Date			
Residence: City		CA		U.S.A.		U.S.A.	
Post Office Address		19584 Via Monte Drive					
Post Office Address							
City		State		ZIP		Country	

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Please type a plus sign (+) inside this box → ☐

PTO/SB/02A (3-97)  
Approved for use through 9/30/98. OMB 0651-0032  
Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

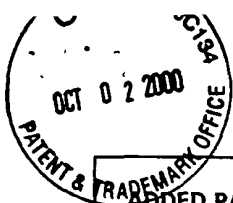
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

## DECLARATION

ADDITIONAL INVENTOR(S)  
Supplemental Sheet  
Page 4 of 4

<b>Name of Additional Joint Inventor, if any:</b>				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])				Family Name or Surname			
Surendra G.				Lele			
Inventor's Signature						Date	
Residence: City	Cupertino	State	CA	Country	U.S.A.	Citizenship	U.S.A.
Post Office Address	21763 Ragnart Court						
Post Office Address							
City	Cupertino	State	CA	ZIP	95014	Country	U.S.A.
<b>Name of Additional Joint Inventor, if any:</b>				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])				Family Name or Surname			
Kirkwood				Rough			
Inventor's Signature						Date	
Residence: City		State		Country		Citizenship	
Post Office Address							
Post Office Address							
City		State		ZIP		Country	
<b>Name of Additional Joint Inventor, if any:</b>				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])				Family Name or Surname			
Inventor's Signature						Date	
Residence: City		State		Country		Citizenship	
Post Office Address							
Post Office Address							
City		State		ZIP		Country	

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.



ADDED PAGE TO DECLARATION AND POWER OF ATTORNEY FOR SIGNATURE BY A JOINT INVENTOR ON BEHALF OF OMITTED INVENTOR(S) WHO REFUSE(S) TO SIGN OR CANNOT BE REACHED PURSUANT TO 37 CFR 1.47(a)

I am a co-inventor for the above-referenced reissue application and have signed this declaration on my own behalf and under 37 CFR 1.47(a) on behalf of the omitted joint inventor(s), named: Dan Meisburger who refuses to sign this declaration.

It is my information and belief that the country of citizenship of the omitted joint inventor is: USA.

It is my information and belief that the residence address and last known address of the omitted inventor is the address stated above, next to the name of the omitted inventor.

It is my information and belief that the omitted inventor is an original, first and joint inventor of the subject matter which is claimed and for which a patent is sought on the invention stated above.

Accompanying this declaration is a declaration of facts in support of filing on behalf of the omitted inventor and the petition fee as stated in 37 CFR 1.17(i).

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Cas Docket No. 4765US